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This *Journal*, founded by the Medical Society for the Study of the Venereal Diseases, publishes original work on the investigation and treatment of genitourinary and allied disorders, and review articles, correspondence, and abstracts.

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(1) **SCRIPTS** (including correspondence and book reviews) must be typewritten on one side of the paper in double spacing with ample margins. Two copies should be sent.

(2) **EACH SCRIPT** should include, in the following order: a brief summary (structured summaries are preferred), typed on a separate sheet, outlining the main observations and conclusions; the text divided into appropriate sections; acknowledgements; references; tables, each on a separate sheet; and legends for illustrations.

(3) **THE TITLE** of the paper should be as brief as possible.

(4) **THE NUMBER OF AUTHORS** should be kept to the minimum, and only their initials and family names used.

(5) **ONLY THE INSTITUTION(S)** where work was done by each author should be stated.

(6) **SI UNITS** must be used. If old fashioned units are used, SI units should be given in parentheses or, for tables and figures, a conversion factor given as a footnote.

(7) **ONLY RECOGNISED ABBREVIATIONS** should be used.

(8) **ACKNOWLEDGEMENTS** should be limited to workers whose courtesy or help extended beyond their paid work, and supporting organisations.

(9) **FIGURES** should be numbered in the order in which they are first mentioned in the text. Captions should be typed on a separate sheet. **DIAGRAMS**: use thick, white paper and insert lettering lightly in pencil. **PHOTOGRAPHS**: should be marked lightly on the back with the author's name and indicating the top, and should not be attached by paper clips or pins. They should be trimmed to include only the relevant section (and will be reproduced 68 or 145 mm wide) to eliminate the need for reduction. Photomicrographs must have internal scale markers. Radiographs should be submitted as photographic prints, carefully prepared so that they bring out the exact point to be illustrated.

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(11) **REFERENCES** should be numbered consecutively the first time they are cited and identified by arabic numbers in the text, tables, and legends to figures. Authors must take full responsibility for the accuracy of their references, and the list should be kept as short as practicable. It should be in the order in which references are first mentioned, and should include (in the following order), *journals*: author's name and initials, title of paper, name of journal (in full or abbreviated according to the list in *Index Medicus*), year of publication, volume number, and first and last page numbers; *books*: author's name and initials, full title, edition, place of publication, publisher, and year of publication. When a chapter in a book is referred to, the name and initials of the author of the chapter, title of the chapter, "In:", name and initials of the editor, and "ed" should precede book title, etc as above. In references to journals or books, when there are seven or more authors the names of the first three should be given followed by "*et al.*" Names of journals no longer published or not in *Index Medicus* should be given in full — for example, *British Journal of Venereal Diseases*.

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MATTERS ARISING

Actinomyces israelii in the female genital tract

I have been reading with interest Dr Evans' review of *Actinomyces israelii* in the female genital tract.¹ I am troubled by his suggestion that the IUCD should be removed in symptomless patients. Sperm remains viable in the female genital tract for at least 5 days and I would recommend that if intercourse has taken place in the past week, another method of contraception should be provided and the IUCD removed when there is no longer a risk of pregnancy or that the IUCD be removed immediately and replaced by another.

In the few cases I have seen and treated by the above methods, cervical smears taken at 3 months have all been actinomycosis free.

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- 1 Evans DTP. Actinomycosis in the female genital tract. *Gen Med* 1993;69:54-9.

The importance of ethnicity as a risk factor for STDs and sexual behaviour

A number of papers have addressed the relevance of race, country of birth and "ethnicity" in the epidemiology of sexually transmitted diseases. A recent example is the paper by Hooykaas *et al.*¹ Here the authors speak of Turkish men, Surinam men, Dutch men. They say that the country of birth was a strong predictor of STDs. We feel that the country of birth, nationality and ethnicity are not surrogates for one another. Sexual mores are often culturally modulated and religion, and upbringing are factors worth studying. We suggest that: firstly, the terminology employed should be defined by the researchers if it is not in accord with a standard dictionary (eg, the Shorter Oxford) and secondly, religion (even if only nominal) should be recorded when collecting the data. Some Surinam people, for example, are Creoles, others are Hindustanees and so on. Their religions include Christianity, Islam, Hinduism. Men born in Turkey would fall in to two main groups: Turks and Kurds. The Kurds may well exhibit a different pattern of sexual mores from the Turks. We believe that a study of the cultural and religious characteristics of the patients recruited in similar studies would be more rewarding than the analyses published so far.

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- 1 Hooykaas C, van der Velde FW, van der Linden MMD, van Doornum GJJ, Coutinho RA. The importance of ethnicity as a risk factor for STDs and sexual behaviour among heterosexuals. *Genitourin Med* 1991;67:378-83.

NOTICES

11th Regional Conference of Dermatology

This will be held 21-24 May 1994 in Singapore. The theme will be *Trends and Recent Developments in Dermatology*. Information may be obtained from: The Secretariat, 11th Regional Conference of Dermatology, c/o Conference and Exhibition Management Services Pte Ltd, 09-43 World Trade Centre, Republic of Singapore 0409, Attention Maggie Phang.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize Regulations

- 1 A prize of £200.00 to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.
- 3 The subject of the report should be related to sexually transmitted disease, genitourinary medicine or HIV infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2,000 words, should include an introduction to the subject, methods used to make the observations, findings and discussion. A summary of the report on a separate sheet should also be provided. Entries must be machine or type-written and double spaced on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genito-urinary physician to the entrant's medical school. The observation must be made before full registration. A winner may not enter for the Prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the Hon Secretary of the Medical Society for the Study of Venereal Diseases by 30th June each year. They will then be considered by the President, the Hon Secretary and the Hon Treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to Council who will make the final decision concerning the Prize.
- 7 Entries must be submitted within 12 months of full registration or its equivalent.
- 8 Regulations are obtainable from the Hon Secretary MSSVD.
- 9 The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

BOOK REVIEW

Colour guide—HIV infection and AIDS. By MA Birchall, SM Murphy, Edinburgh, Churchill Livingstone. (£7.95: pp 121). 1992. ISBN 0-4430-4578-X.

The authors of this slim paper back have succeeded in providing an easy to read book containing a lot of useful information. For its size, the book is surprisingly comprehensive, covering a wide spectrum of diseases related to HIV infection. The diagnosis, clinical features and management of each condition is discussed with sections on pathology and aetiology where appropriate. The majority of the slides are excellent with some old favourites but a number of new slides.

I am unclear to whom the authors have pitched this book. If as stated on the back cover the market is "students and health care specialists in all fields of medicine" then it would have been helpful to include a list of abbreviations at the front to avoid hunting through the text to find the meaning of BAL, GIT, MAI, CMV etc. There is also no indication in most chapters of what are the common or rare presentations of HIV disease. Six of 26 chapters are dedicated to otolaryngology with three separate chapters, albeit short, on the ear (would this have any connection with the specialist area of one of the authors?!). Arrows indicating the abnormalities mentioned in the captions of the histology and electron micrography slides would be very helpful for non-specialists.

The authors devised a logical list of contents. However, the chapter on "Early clinical features" left me confused. It is not clear whether the chapter refers to early clinical features of AIDS or HIV infection. I presumed the latter but references made to the onset of late disease and the inclusion of a section on oral candidiasis in this chapter left me in doubt. The index was not comprehensive. In particular some therapeutic agents mentioned in the text were omitted.

These are just minor criticisms of an otherwise well presented and useful guide. As a specialist in the field, I would see no reason to buy it but as an introduction to the topic, for quick revision and painless learning it certainly fits the pocket.

A ROBINSON

CURRENT PUBLICATIONS

Selected titles from recent reports published worldwide are arranged in the following sections:

Gonorrhoea
Chlamydia
Pelvic inflammatory disease
Candidiasis
Bacterial vaginosis
Trichomoniasis
Syphilis and other treponematoses
Herpes
Human papillomavirus infection
Cervical cytology and colposcopy
Other sexually transmitted diseases
Public health and social aspects
Microbiology and Immunology
Dermatology
Miscellaneous

Gonorrhoea

Fulminant endocarditis due to infection with penicillinase-producing *Neisseria gonorrhoeae*

PJ WEISS, CA KENNEDY, DF MCCANN, HE HILL, EC OLDFIELD, *Sex Transm Dis* 1992;19:288.

Evaluation of new anti-infective drugs for the treatment of uncomplicated gonorrhoea in adults and adolescents

HH HANDSFIELD, JA MCCUTCHAN, L COREY, AR RONALD, *Clin Infect Dis* 1992;15:S123.

Evaluation of treatment with single-dose ampicillin/sulbactam with probenecid or ceftriaxone in patients with uncomplicated gonorrhoea

LM BADDOUR, L BUSBY, E SHAPIRO, KB COX, S GLASSCO, JK JOHNSON, *Sex Transm Dis* 1992;19:341.

Single-dose cefixime versus single-dose ceftriaxone in the treatment of antimicrobial-resistant *Neisseria gonorrhoeae* infection

PJ PLOURDE, M TYNDALL, E AGOKI, *et al J Infect Dis* 1992;166:919.

Patterns of antibiotic susceptibility of gonococci isolated in Hong Kong, 1987-1990

KM KAM, CF LAI, S EGGLESTONE, CBB CHAN, *Sex Transm Dis* 1992;19:284.

Comparative behavioural epidemiology of gonococcal and chlamydial infections among patients attending a Baltimore, Maryland, sexually transmitted disease clinic

EW HOOK, CA REICHAERT, DM UPCHURCH, P RAY, D CELENTANO, TC QUINN, *Am J Epidemiol* 1992;136:662.

Confidential HIV testing and condom promotion in Africa—impact on HIV and gonorrhoea rates

S ALLEN, A SERUFILIRA, J BOGAERTS *et al., JAMA* 1992;268:3338.

Use of genomic fingerprinting in the characterization of *Neisseria gonorrhoeae* isolated in Valencia, Spain

M DASI, JM NOGUEIRA, JJ CAMARENA, *et al. Eur J Clin Microbiol Infect Dis* 1992;11:804.

Auxotyping of *Neisseria gonorrhoeae* as an additional epidemiological marker

SK AGARWAL, M DEB, K PRAKASH, AK SHARMA, *Ind J Med Res Sect A* 1992;95:227.

Value of a DNA probe assay (Gen-probe) compared with that of culture for diagnosis of gonococcal infection

F VLASPOLDER, JAEM MUTSAERS, F BLOG, A NOTOWICZ, *J Clin Microbiol* 1992;31:107.

Evaluation of a fluorescent DNA hybridization assay for the detection of *Neisseria gonorrhoeae*

RJ CANO, JC PALOMARES, MJ TORRES, RE KLEM, *Eur J Clin Microbiol Infect Dis* 1992;11:602.

Preliminary evaluation of the ligase chain reaction for specific detection of *Neisseria gonorrhoeae*

L BIRKENMEYER, AS ARMSTRONG, *J Clin Microbiol* 1992;30:3089.

Effect of attachment factors (Pili Plus Opa) on *Neisseria gonorrhoeae* invasion of human fallopian tube tissue in vitro—quantitation by computerized image analysis

GL GORBY, N GB SCHAEFER, *Microbial Pathogen* 1992;13:93.

Binding of plasminogen to *Neisseria meningitidis* and *Neisseria gonorrhoeae* and formation of surface-associated plasmin

M ULLBERG, P KEESELA, BE KRISTIANSEN, G KRONVALL, *J Infect Dis* 1992;166:1329.

Antibodies to N-terminal peptides of gonococcal porin are bactericidal when gonococcal lipopolysaccharide is not sialylated

C ELKINS, NH CARBONETTI, VA VARELA, D STIREWALT, DG KLAPPER, PF SPARLING, *Mol Microbiol* 1992;6:2617.

Regulation of catalase in *Neisseria gonorrhoeae*—effects of oxidant stress and exposure to human neutrophils

HY ZHENG, DJ HASSETT, K BEAN, MS COHEN, *J Clin Invest* 1992;90:1000.

Effect of exogenous sialylation of the lipooligosaccharide of *Neisseria gonorrhoeae* on opsonophagocytosis

JJ KIM, DG ZHOU, RE MANDRELL, JM GRIFFISS, *Infect Immun* 1992;60:4439.

Identification and molecular analysis of a 63-kilodalton stress protein from *Neisseria gonorrhoeae*

Y PANNEKOEK, JPM VANPUTTEN, J DANKERT, *J Bacteriol* 1992;174:6928.

Isolation and nucleotide sequence of the gene (aniA) encoding the major anaerobically induced outer membrane protein of *Neisseria gonorrhoeae*

GT HOEHN, VL CLARK, *Infect Immun* 1992;60:4695.

The major anaerobically induced outer membrane protein of *Neisseria gonorrhoeae*. Pan-1, is a lipoprotein

GT HOEHN, VL CLARK, *Infect Immun* 1992;60:4704.

Chlamydia

Chlamydial infection in Canada

PR GULLY, *Can Med Ass J* 1992;147:893.

Association of genital infection with specific *Chlamydia trachomatis* serovars and race

KA WORKOWSKI, RF SUCHLAND, MB PETTINGER, WE STAMM, *J Infect Dis* 1992;166:1445.

Chlamydial genital infections and laparoscopic findings in infertile women

A LUCISANO, G MORANDOTTI, R MARANA, F LEONE, G BRANCA, S DELLACQUA, A SANNA, *Eur J Epidemiol* 1992;8:645.

Detection of *Chlamydia trachomatis* by the polymerase chain reaction in young patients with acute epididymitis

A ELEY, KM OXLEY, RC SPENCER, GR KINGHORN, ET BENAHMEIDA, CW POTTER, *Eur J Clin Microbiol Infect Dis* 1992;11:620.

Detection of cervical *Chlamydia trachomatis* and *Neisseria gonorrhoeae* with deoxyribonucleic acid probe assays in obstetric patients

IK HOSEIN, AM KAUNITZ, SJ CRAFT, *Am J Obstet Gynecol* 1992;167:588.

Evaluation of new anti-infective drugs for the treatment of sexually transmitted chlamydial infections and related clinical syndromes

HH HANDSFIELD, AR RONALD, L COREY, JA MCCUTCHAN, *Clin Infect Dis* 1992;15:S131.

Compliance with antibiotic therapy for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*

BP KATZ, BW ZWICKI, VA CAINE, RB JONES, *Sex Transm Dis* 1992;19:351.

Efficacy of single-dose azithromycin versus doxycycline in the treatment of cervical infections caused by *Chlamydia trachomatis*

JM OSSEWAARDE, FHF PLANTEMA, M RIEFFE, RP NAWROCKI, A DEVRIES, AM VANLOON, *Eur J Clin Microbiol Infect Dis* 1992;11:693.

Azithromycin-induced block of elementary body formation in *Chlamydia trachomatis*

JN ENGEL, *Antimicrob Agents Chemother* 1992;36:2304.

Underdiagnosis of *Chlamydia trachomatis* infection—diagnostic limitations in patients with low-level infection

JSL LIN, WE JONES, LL YAN, *et al. Sex Transm Dis* 1992;19:259.

Nonculture tests for genital tract *Chlamydia* infection—what does the package insert mean and will it mean the same thing tomorrow

J SCHACHTER, WE STAMM, MA CHERNESKY, *et al, Sex Transm Dis* 1992;19:243.

Multicenter evaluation of the antigen *Chlamydia* enzyme immunoassay for diagnosis of *Chlamydia trachomatis* genital infection

A CLARK, WE STAMM, C GAYDOS, *et al., J Clin Microbiol* 1992;30:2762.

Comparison of two culture approaches, blind passage and dual observation, for detecting *Chlamydia trachomatis* in various prevalence populations

SJ ZIMMERMAN, E MOSES, N SOFAT, WR BARTHOLOMEW, D AMSTERDAM, *J Clin Microbiol* 1992;30:2938.

Comparison of cytobrushes with swabs for recovery of endocervical cells and for *Chlamydia*zyme detection of *Chlamydia trachomatis*

JA KELLOGG, JW SEIPLE, JL KLINEDINST, JS LEVISKY, *J Clin Microbiol* 1992;30:2988.

Effects of broadening the gold standard on the performance of a chemiluminometric immunoassay to detect *Chlamydia trachomatis* antigens in centrifuged first void urine and urethral swab samples from men

D JANG, JW SELLORS, JB MAHONY, L PICKARD, MA CHERNESKY, *Sex Transm Dis* 1992;19:315.

Evaluation of a chemiluminometric immunoassay for detection of *Chlamydia trachomatis* in the urine of male and female patients

C SCIEUX, A BIANCHI, S HENRY, *et al.*, *Eur J Clin Microbiol Infect Dis* 1992;11:704.

Detection of *Chlamydia trachomatis* in endocervical specimens by polymerase chain reaction

MJ LOEFFELHOLZ, CA LEWINSKI, SR SILVER, *et al.* *J Clin Microbiol* 1992;30:2847.

Establishment of a particle-counting method for purified elementary bodies of chlamydiae and evaluation of sensitivities of the IDEIA Chlamydia kit and DNA probe by using the purified elementary bodies

N MIYASHITA, A MATSUMOTO, *J Clin Microbiol* 1992;30:2911.

Identification of *Chlamydia trachomatis* antigens by use of murine T-cell lines

PR BEATTY, RS STEPHENS, *Infect Immun* 1992;60:4598.

Gene typing of *Chlamydia trachomatis* by polymerase chain reaction and restriction endonuclease digestion

CA GAYDOS, L BOBO, L WELSH, EW HOOK, R VISCIDI, TC QUINN, *Sex Transm Dis* 1992;19:303.

Inhibition of *Chlamydia trachomatis* growth in mouse fibroblasts by liposome-encapsulated tetracycline

H ALAWADHI, GV STOKES, M REICH, *J Antimicrob Chemother* 1992;30:303.

Effects of ascorbic acid on *Chlamydia trachomatis* infection and on erythromycin treatment in primary cultures of human amniotic cells

SK WANG, DL PATTON, CC KUO, *J Clin Microbiol* 1992;30:2551.

Effect of gamma-interferon on resolution of murine chlamydial genital infection

RG RANK, KH RAMSEY, EA PACK, DM WILLIAMS, *Infect Immun* 1992;60:4427.

Evaluation of the humoral immune response in trachoma to *Chlamydia trachomatis* major outer membrane proteins by sequence-defined immunoassay

HM JONES, J SCHACHTER, RS STEPHENS, *J Infect Dis* 1992;166:915.

Pelvic Inflammatory Disease

A longitudinal study of pelvic inflammatory disease

CM STACEY, PE MUNDAY, D TAYLOR ROBINSON, *Br J Obstet Gynaecol* 1992;99:994.

The intrauterine device, pelvic inflammatory disease and infertility—the confusion between hypothesis and knowledge

DA GRIMES, *Fert Steril* 1992;58:670.

Current cigarette smoking and risk of acute pelvic inflammatory disease

D SCHOLES, JR DALING, AS STERGACHIS, *Am J Public Health* 1992;82:1352.

Evaluation of new anti-infective drugs for the treatment of acute pelvic inflammatory disease

RL SWEET, JG BARTLETT, DL HEMSELL, JS SOLOMKIN, F TALLY, *Clin Infect Dis* 1992;15:853.

Microbial etiology of urban emergency department acute salpingitis—treatment with ofloxacin

DE SOPER, NJ BROCKWELL, HP DALTON, *Am J Obstet Gynecol* 1992;167:653.

Candidiasis

Histopathology of human vaginal candidosis

VL BYKOV, *Mycoses* 1992;35:77.

Genetic similarity of *Candida albicans* strains from vaginitis patients and their partners

J SCHMID, M ROTMAN, B REED, CL PIERSON, DR SOLL, *J Clin Microbiol* 1992;31:39.

Day-to-day follow-up after a short oral treatment of acute vaginal candidosis with itraconazole

GPJ BEYER, HJ VOORHOEVEDENHARTOG, *Mycoses* 1992;35:99.

Azole drug resistance in *Candida* species

DW WARNOCK, *J Med Microbiol* 1992;37:225.

Influence of alkaline pH on the direct lethal action of miconazole against *Candida albicans*

WH BEGGS, *Mycopathol* 1992;120:11.

Modulation of interactions of *Candida albicans* and endothelial cells by fluconazole and amphotericin

MA GHANNOUM, SG FILLER, AS IBRAHIM, Y FU, JE EDWARDS, *Antimicrob Agents Chemother* 1992;36:2239.

Identification of a mannoprotein fraction from *Candida albicans* that enhances human polymorphonuclear leukocyte (PMNL) functions and stimulates lactoferrin in PMNL inhibition of candidal growth

C PALMA, D SERBOUSEK, A TOROSANTUCCI, A CASSONE, JY DJEU, *J Infect Dis* 1992;166:1103.

Comparison of molecular typing methods for *Candida albicans*

PT MAGEE, L BOWDIN, J STAUNDINGER, *J Clin Microbiol* 1992;30:2674.

Yeast-specific DNA probes and their application for the detection of *Candida albicans*

AR HOLMES, YC LEE, RD CANNON, HF JENKINSON, MG SHEPHERD, *J Med Microbiol* 1992;37:346.

Typing of *Candida albicans* strains

FC ODDS, DL BRAWNER, J STAUDINGER, PT MAGEE, DR SOLL, *J Med Vet Mycol* 1992;30:87.

Molecular basis of *Candida albicans* adhesions

MJ KENNEDY, RA CALDERONE, JE CUTTER, *et al.*, *J Med Vet Mycol* 1992;30:S1:95.

Bacterial vaginosis

Frequency of mobiluncus spp in bacterial vaginosis in Italy

M FENOCCHI, M GATTI, *Microbiologica* 1992;15:409.

Trichomoniasis

Risk assessment and laboratory diagnosis of trichomoniasis in men

JN KRIEGER, M VERDON, N SIEGAL, C CRITCHLOW, KK HOLMES, *J Infect Dis* 1992;166:1362.

Successful response of metronidazole-resistant trichomonal vaginitis to tinidazole—a case report

KA HAMED, AE STUDEMEISTER, *Sex Transm Dis* 1992;19:339.

Split-dose metronidazole or single-dose tinidazole for the treatment of vaginal trichomoniasis

P OPRASERTSAWAT, T JETSAWANGSRI, *Sex Transm Dis* 1992;19:295.

A novel neutrophil-activating factor released by *Trichomonas vaginalis*

MF SHAO, PR LIN, CS LEE, SC HOU, P TANG, KD YANG, *Infect Immun* 1992;60:4475.

Syphilis and other treponematoses

Is syphilis an incurable disease

RC GHINNSBERG, Y NITZAN, *Med Hypotheses* 1992;39:35.

Osseous syphilis

P DISDIER, JR HARLE, L SWIADER, D GAMBARELLI, G MOULIN, PJ WEILLER, *Arthritis Rheum* 1992;35:1241.

Evaluation of new anti-infective drugs for the treatment of syphilis

AR RONALD, M SILVERMAN, JA MCCUTCHAN, L COREY, HH HANDSFIELD, *Clin Infect Dis* 1992;15:S140.

Management of syphilis in human immunodeficiency virus-infected patients

EW HOOK, *Am J Med* 1992;93:477.

Response of latent syphilis or neurosyphilis to ceftriaxone therapy in persons infected with human immunodeficiency virus

ME DOWEKK, PG ROSS, DM MUSER, TR CATE, RE BAUGHN, *Am J Med* 1992;93:481.

High-risk behaviours for transmission of syphilis and human immunodeficiency virus among crack cocaine-using women—a case study from the Midwest

HA SIEGAL, RG CARLSON, R FALCK, MA FORNEY, JC WANG, L LI, *Sex Transm Dis* 1992;19:266.

Behaviours of crack cocaine users and their impact on early syphilis intervention

J GREENBERG, D SCHNELL, R CONLON, *Sex Transm Dis* 1992;19:346.

Characteristics of mothers of live infants with congenital syphilis in Florida, 1987–1989

JCA DESENCLOS, M SCAGGS, JE WROTEN, *Am J Epidemiol* 1992;136:657.

Treponemal infection and the outcome of pregnancy in a rural area of the Gambia, West Africa

AM GREENWOOD, V DALESSANDRO, F SISAY, BM GREENWOOD, *J Infect Dis* 1992;166:842.

IgM antibody to *Treponema pallidum* in cerebrospinal fluid of infants with congenital syphilis

PJ SANCHEZ, GD WENDEL, MV NORGARD, *Am J Dis Child* 1992;146:1171.

Congenital syphilis in the past—slaves at Newton plantation, Barbados, West Indies

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